## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: BHCS 3 DELLVIEW (410293)

Address: N2784 HWY 45, HORTONVILLE, WI 54944

License Status: REGULAR

Licensed/Certified/Registered 03/01/1993

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History			
Survey ID: 0096626 Results: NO STATEME	End Date: 03/13/2006	<b>Type: ABBREVIAT</b> ED	ED Purpose: SURVEY/SELF REPORT
Survey ID: 0095317 End Date: 08/02/2005 Type: OTHER Purpose: OTHER Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092329 Results: NO STATEME	End Date: 04/05/2004	Type: OTHER	Purpose: DESK REVIEW
Survey ID: 0092279 Results: NO STATEME	End Date: 03/11/2004	Type: OTHER	Purpose: OTHER
Survey ID: 0091905 Results: NO STATEME	End Date: 11/20/2003	Type: STANDARD	Purpose: SURVEY/COMPLAINT

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